

DEMOBILIZATION CHECKOUT		
1. Incident Name/Number	2. Date/Time	3. Demob. No.
4. Unit/Personnel Released		
5. Transportation Type/No.		
6. Actual Release Date/Time	7. Manifest? <input type="checkbox"/> Yes <input type="checkbox"/> No Number	
8. Destination	9. Notified: <input type="checkbox"/> Agency <input type="checkbox"/> Region <input type="checkbox"/> Area <input type="checkbox"/> Dispatch Name: Date:	
10. Unit Leader Responsible for Collecting Performance Rating		
11. Unit/Personnel		
You and your resources have been released subject to sign off from the following: <i>Demob. Unit Leader check the appropriate box</i>		
Logistics Section		
<input type="checkbox"/> Supply Unit		
<input type="checkbox"/> Communications Unit		
<input type="checkbox"/> Facilities Unit		
<input type="checkbox"/> Ground Support Unit Leader		
Planning Section		
<input type="checkbox"/> Documentation Unit		
Finance Section		
<input type="checkbox"/> Time Unit		
Other		
<input type="checkbox"/>		
<input type="checkbox"/>		
12. Remarks		
13. Prepared by (include Date and Time)		